Illinois

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2007</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Ther DIVISION OF INSURANCE 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		Change (+ or –)**
15. Workers Compensation	48,088,992	- 4.4 %
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or constant territories (territories) or constant territories (territories) or c		ion) Adopt 1/1/07 Advisory Rates
and change ACE Property and Casualty Insurance		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY Name of Company

> Joe Binkowski - WC Product Line Manager Official — Title

DEC - 6 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability	(Illinois))
Private Passenger		·
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
		
3. Liability Other than Auto		
4. Burglary and Theft		DIVISION
5. Glass		DIVISION OF I
6. Fidelity		
7. Surety		——————————————————————————————————————
8. Boiler and Machinery		FEB 01
9. Fire		SPRINGFIELD, IL
10. Extended Coverage		- MNGFIELD. II
11. Inland Marine		
12. Homeowners	<u> </u>	
13. Commercial Multi-Peril		 -
14. Crop Hail		
15. Workers Compensation	6,528,025	-1.9%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (`	so, specify
Brief description of filing (if filing follows	s rates of an advisory organizatio	n. specify organization)
		- · · · · · · · · · · · · · · · · · · ·
National Council on Compensation Insurance Filing and A	Approval Circulaars IL-2006-06, 07, 08	
Adjusted to reflect all prior rate changes.		·
** Change in Company's premium level which will	result from application of new rates.	
nolega Mineral		

Melody A. Misiaszek Official AmComp Assurance Corporation

Name of Company

Vice Pres Regulatory Reptg & Compliance
Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	+1.76% or \$95
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
	·	<u></u>
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	5413	+1.76%
Does filing only apply to certain territory (territories) or certain classes? If so, specify	y: This filing will apply to all classes.
We will be using NCCI loss costs issued i	rates of an advisory organization, specify on cirulars IL-2006-06, IL-2006-08 and IL-2	
circular IL-2006-11.	· · · · · · · · · · · · · · · · · · ·	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rate	s.
	American Nations	al Property and Casualty Company
		Name of Company
	Fleanor F	Perry - Compliance Analyst
		Official - Title



DEC 1 1 2006

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	Change in Company's premium or rate	level produced by rate revision effective	March 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$8,401,617	+2.0% industrial classes; - 19.4% F-classes - NCCI loss cost change only
	Line of Insurance		cost change only
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Wea		rates of an advisory organization, specify of O7 Advisory Loss Costs and Rating Value	
		DIVISION O	i'il
		DIVISITE OF IL.	
		_	
** Cl	djusted to reflect all prior rate changes, hange in Company's premium level wh sult from application of new rates.	ich will MAR C	
10	sait from approaction of now ruces.	SPRINGFIL	. I man
		Arch I	nsurance Company
		Alcii	Name of Company
			rame of Company

Carol Kennedy - Vice President -Compliance Operations

Official - Title



DEC - 5 200s

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

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SUMMARY SHEET

_		SPRINGFIELD
Change in Company's premium revision effective <u>1/1/07</u>	m or rate level produced b	y rate
(1)	(2)	(3)
Coverage	Annual Premium <u>Volume (Illinois)*</u>	Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		· · · · · · · · · · · · · · · · · · ·
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$1,597,353	+9.1 %
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization)	filing follows rates of an	advisory Loss Costs IL-2006-11 ultipliers
		DIVISION OF INSURANCE
* Adjusted to reflect all prior re	ate changes.	JAN 0 1 2007
** Change in Company's premium lever result from application of new	el which will	SPRINGFIELD, ILLINOIS
	Atlantic Specialty Insuran Name of Company	ce Company Y
	ron Sansone	
Sharon Sa Compensati	nsone, Assistant Vice Pres on	ident Workers

Official -Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

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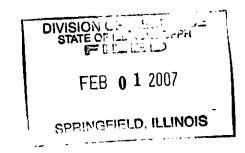
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

effective <u>lanuary 1, 20</u>			
(1)		(2)	(3)
		al Premium	Percent
Coverage		ne (Illinois) *	Change (+or-) **
Automobile Liability Priva	te		
Passenger	<u></u>		<u> </u>
Commercial			
Automobile Physical Dam	nag		
Private Passenger			
Commercial	• • • • • • • • • • • • • • • • • • • •		
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety		·	
Boiler and Machinery			
Fire	<u></u>		
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril	****		<u> </u>
Crop Hail			
Other Workers' Compensation Life of Insurance	ation1,66	9,863	0
Does filing only apply to Classes? If so,	certain territo	y (territories)	or certain
specify:	No		
Brief description of filing.	(If filing follo	ws rates of an	advisorv
Organization, specify	`		•
organization):		NCCT	
<u> </u>			
*Adjusted to reflect all pr **Change in Company's			sult from application of new
rates.			
SIA. OF ILLING	(,) (PR	<u>Badger Mut</u>	t ual Insurance Company Name of Company
	0007		Compensation Coordinator
JAN 012	<u>'</u> UU/		Official – Title

CODINGFIELD, ILI INICIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Premium (Illinois)* Cha	Percent ange (+ or -)**
	<u> </u>
	
2,163	+5%
classes? If so, specify: NO	
organization, specify organization):	· · · ·
· · · · · · · · · · · · · · · · · · ·	·
application of new rates.	
Brotherhood Mutual Insurance Company	
_	application of new rates.



Official - Title

Don Glick, AVP Research & Development

FORM RF-3

hange ir	n Company's premium or rate level produced by rate revision	n effective:	3/1/07
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
•	A 121 - 121 - 122		
1.	Automobile Liability Private Passenger Commercial		
4.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft	***************************************	
5.	Glass		
6.	Fidelity DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire MAR C 1 2007		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners SPRINGFIELD, ILLINOIS		
13.	Commercial Muli-Peril		
14.	Crop Hail		
15.	Workers Compensation	5,594,513	0.4%
16 .	Other:		
oes filir	ng only apply to certain territory (territories) or certain classe	es? If so, specify.	Not Applicable
<u>C</u> N	cription of filing (if filing follows rates of an advisory organ NA is filing to adopt the 1/1/07 NCCI rates for the state of Ill roular IL-2006-11, with an effective date of 3/1/07.		
	force Written Premium lange in Company's premium level which will result from ap	plication of new rates.	
			asualty Company
		Name o	f Company
		David Law	Actuarial Analyst
			al - Title
		Onici	ai - Tille

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	April 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	_	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$3,528,963.	+4.91%
15. Other Workers' Compensation	<u> </u>	14.5170
0042, 5022, 5183, 5551, 6217, 7229, 9082, January 1, 2007. Delay adoption of Item Fi	ling B-1399 and B-1399-A, Aviation Inc	dustry changes.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new ra	tes.
	Continenta	Il Western Insurance Company Name of Company
	Sharon Winte	er, Statistical & Research Analyst
		Official – Title
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPA APR 0 1 2007	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED SAN 1-1-2907 SPRINGFIELD, ILLINOIS	DEC 1 1 2006 IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD
SPRINGFIELD, ILLINOIS		
SPHIIVE		

DEC - 5 2006

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium revision effective 1/1/07	or rate level produced	by rate SPRINGFIELD
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$ 303,165	0.0% %
Does filing only apply to certain to If so, specify: No Brief description of filing. (If organization, specify organization)	filing follows rates of a	an advisory Loss Costs IL-2006-11
	Maintain current mul	cipiter

Employers Fire Insurance Company

Name of Company

Sharon Sansone, Assistant Vice President Compensation

Sharm Sansone

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Official -Title

JAN 0 1 2007

DIVISION U. STATE OF ILL

orkers

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Chan <u>ge (+ or -)**</u>
<u>Coverage</u>	volume (illinois)	Change (+ or -)
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Debreta Daireanna Garagas and		
Liability Other Than Auto		
D		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
D. Extended Coverage	·	
. Inland Marine		
- Homoouroes		
. Commercial Multi-Peril		
. Crop Hail	····	
. Other <u>Workers Compensation</u>	16,244,564	0.0%
Line of Insurance	10,244,304	0.0 /6
1/200/ advisory rates with +60% compan	y deviation.	
	y deviation. es of an advisory organization, specify or	ganization):
1/2007 advisory rates with +60% companief description of filing. (If filing follows rat		ganization):
ief description of filing. (If filing follows rat		
ief description of filing. (If filing follows rat	ces of an advisory organization, specify or ces of an advisory organization, specify or ces of an advisory organization of new rates Employers Ins	
ief description of filing. (If filing follows rat	ces of an advisory organization, specify or ces of an advisory organization, specify or ces of an advisory organization of new rates central ces of an advisory organization of new rates central cent	urance Company of Wausau Name of Company
ief description of filing. (If filing follows rat	ces of an advisory organization, specify or ces of an advisory organization, specify or ces of an advisory organization of new rates Employers Ins	urance Company of Wausau Name of Company State Filings Analyst
ief description of filing. (If filing follows rat	ces of an advisory organization, specify or ces of an advisory organization, specify or ces of an advisory organization of new rates central ces of an advisory organization of new rates central cent	urance Company of Wausau Name of Company State Filings Analyst Official – Title SJRANCE DIS/IDFPR

Form (RF-3)

	revision effective(1)	January 1, 2007 (2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial	<u> </u>	
	Liability Other Than Auto		
	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
	Glass		
	Fidelity		
	Surety	· · · · · · · · · · · · · · · · · · ·	
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$5,248,820	5.3%
	Other		
	Line of Insurance		· · · · · · · · · · · · · · · · · · ·
	oes filing only apply to certain territory (te lasses? If so, specify:No	rritories) or certain	
_			
В	rief description of filing. (If filing follows ra	ates of an advisory	
	rganization, specify organization):	and or all deficely	
	I) Adopt 1/1/07 NCCI Loss Costs, miscellaneo	us values, and Exhibit III Deductible	Insurance-Medical Benefi
	2) Revise loss cost multipliers	ao valaco, ana eximple in beaccable	inodranice-wiedicar benefi
	 Adopt 5% downward deviation in 11 classes 		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

mil &

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced	by rate revision effective	2/1/2007
	(2) nual Premium ume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety		
13. Commercial Multi-Peril		
14. Crop Hail		0.404
15. Other Workers Compensation	3,661,322	-2.1%
Brief description of filing. (If filing follows rates of an 1/1/2007 loss costs and rating values with revised com	advisory organization, specify org	anization): Filing to adopt NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result	t from application of new rates.	
		nsurance Corporation of Company
	Bonnie Morgan S	tate Filings Analyst
		cial – Title
	DIVISION CE STATE O: Devid	RECEIVED
	FF3 . 7.07	DEC 2 0 2006
	SPRINGFIELD, ILLINOIS	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2007

		3/1/2007	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$47,438	-8.6%
16.	Other		
	(Line of Insurance)		
D E	line only on the contain to the contain the		
Joes 11	ling only apply to certain territory (territori	es) or certain classes? If so, specify:	NO
3rief de	escription of filing. (If filing follows rates of	f an advisory organization, specify org	ganization): Adoption
	Loss Costs, Rating Values and Retrosp		ular IL-2006-06 effective
Jan. 1,	2007. Our filing (WC IL 0611 LCST) to be	De effective March 1, 2007.	
			
	* Adjusted to reflect all prior rate chang		
	** Change in Company's premium leve	l which will result from application of r	new rates.

DIVISION OF LAND STATE OF ILLINO. Lorest	Great American Alliance Insurance Company
STATE OF ICE	Name of Company
,	
MAR 0 1 2007	
,,,,,,,,,	Qonna Lansing, Product Analyst
GENERALD, ILLINOIS	Official - Title
WC-IL-6	Printing 2/02

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

		3/1/2007	
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	<u></u>	Volume (minolo)	- Change (* Cr.)
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6 .	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	**************************************	
11.	Inland Marine	**************************************	
12.	Homeowners		
13.	Commercial Multi-Peril	···	
14.	Crop Hail		
	Workers Compensation	\$874,419	12.4%
15.	•	<u>Ψ074,419</u>	12.476
16.	Other (Line of Insurance)		
	(Eine of insulance)		
Does fi	ling only apply to certain territory (territories) or certain classes? If so, specify:	NO
Data & ala	escription of filing. (If filing follows rates of a	n advisory organization, specify orga	anization): Adoption
	Cl Loss Costs, Rating Values and Retrospec		
JI NCC	2007. Our filing (WC IL 0611 LCST) to be	offective Merch 1 2007	lai iL-2000-00 ellective
<u>Jan. 1,</u>	2007. Our filling (VVC IL 0011 LCS1) to be	enective March 1, 2007.	
		<u> </u>	
		•	
	* Adjusted to reflect all prior rate change	6	
	** Change in Company's premium level w		nu rotoe
		mich will result from application of he	ew rates.
	DIVISION OF INCOMES OF PR		
	STATE OF ILLINO'S TO-PR	0	
	- 68.€	Great American Assurance Co	
	MAD a T a	Name of C	ompany
	MAR 0 1 2607		
	1		
	SPRINGER	Donna Lansing, Product Anal	yst
	SPRINGFIELD, ILLINOIS	Official - Title	

Official - Title

	Change in Company's premium or rate	I RF - 3 DIV	ISICN OF INSURANCE
	onengo in company o promium or race	3/1/2007	
			MAR 0 1 2007
	(1)	(2)	(3)
	• •	Annual Premium SPR	NGSIS Percent
	Coverage	Volume (Illinois)	Percent Change Of or -)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	0205 054	
	Workers Compensation	\$325,951	1.1%
	Other		
	(Line of Insurance)		
n	ng only apply to certain territory (territories) or certain classes? If so, specify	: NO
_			
S	cription of filing. (If filing follows rates of a	n advisory organization, specify or	manization).
n	of NCCI Loss Costs, Rating Values and I	Retrospective Rating Values from	NCCI Circular II -2006-06
•	January 1, 2007. Our filing (WC IL 0611	LCST) to be effective March 1 20	07
٠	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3		· · · · · · · · · · · · · · · · · · ·
	 Adjusted to reflect all prior rate change 		
		hich will result from application of	new rates
,	** Change in Company's premium level w	• •	11017 14(00.
•	** Change in Company's premium level w		now rates.
,	** Change in Company's premium level พ	Great American Insurance (

WC-IL-6 Printing 2/02

Donna Lansing, Product Analyst
Official - Title

		RM RF - 3	DIVISION OF INSURANCE STATE OF ILL NOISHOUTE
	Change in Company's premium or	rate level produced by rate revis 3/1/2007	ion effectives
	(1)	(2) Annual Premium	MAR 0 1 2007 (3)
	Coverage	Volume (Illinois) *	SPRINGFICH SINGLE (HATOIS)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity	-	
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		<u> </u>
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		-
	Workers Compensation	\$724,336	0.6%
	Other	Ψ124,330	
	(Line of Insurance)		
lir	ng only apply to certain territory (territor	ries) or certain classes? If so sr	pecify: NO
			110
	position of filing (If filing follows rates		nife and minutes and
	scription of filing. (If filing follows rates on of NCCI Loss Costs, Rating Values at		
	January 1, 2007. Our filing (WC IL 06		
2	Garigaiy I. 2007. Odi Illijig (YYC IL VO	MI LOGIJIO DE EHECHVE MIZICH	I. ZUU1.

Great American Insurance Company of New York Name of Company

Donna Lansing,	Product Analyst	
	Official - Title	

WC-IL-6 Printing 2/02

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		January 1, 2007	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private			
Passenger Commercial Automobile Physical Damage			
Private Passenger Commercial _			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass		<u> </u>	
5. Fidelity	<u> </u>		
7. Surety			
Roller and Machinery	-		
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Worker's Compensation	\$11,136,423	0	
Line of Insurance	411,100,120		
Brief description of filing. (If filing follows r	ates of an advisory organization, specify	organization): Adoption of NCCI Lo	
70303			
Adjusted to reflect all prior rate changes.	ich will result from application of new rate	ss.	
Adjusted to reflect all prior rate changes.	ich will result from application of new rate	wt · · · · ·	
Adjusted to reflect all prior rate changes. *Change in Company's premium level wh	ich will result from application of new rate	vich Insurance Company Name of Company er-Harris, State Filings Analyst	
Adjusted to reflect all prior rate changes.	ich will result from application of new rate	vich Insurance Company Name of Company	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	I produced by rate revision effective	01-01-2007 N & R
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage		
۷.	Private Passenger Commercial		
3.	Liability Other Than Auto	 	
4 .	Burglary and Theft		
7. 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	-	
	Extended Coverage		
	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 16.0 Workers' Compensation	34,039	-8.2%
	Line of Insurance		 -
Doe	es filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	NO
		es of an advisory organization, specify organi: 1 and revising company loss cost multiplier for both comp	
	ljusted to reflect all prior rate changes. hange in Company's premium level whic	ch will result from application of new rates.	,
		GuideOne Elite Insurance Compar	ny of Company
		Name	ог сопрану
		Scott Reddig, Chief Actuary & SVF	
			ial – Title

DIVISION OF INSUFANCE STATE OF ILLIMOIS/JOFPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	01-01-2007 N & R
	(1) Coverage	(2) Annual Premium Volum <u>e (Illinois)*</u>	(3) Percent Change (+ or -)**
	<u>Coverage</u>	volume (illinois)	Change (+ Oi -1
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7 .	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail	· · · · · · · · · · · · · · · · · · ·	
15.	Other 16.0 Workers' Compensation	1,250,179	-10.1%
	Line of Insurance		
Doe	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	NO
		_	
	•		
Brie	of description of filing. (If filing follows ra	ites of an advisory organization, specify organi	zation):
We a	are adopting NCCI LC outlined in circular IL-2006-	11 and revising company loss cost multiplier for both comp	anies.
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level wh	ich will result from application of new rates.	
		GuideOne Mutual Insurance Comp	·
		Name	of Company
		Scott Reddig, Chief Actuary & SVI	
		Office	nial Titla

JAN 0 1 2007

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
. Automobile Liability Private		
Passenger Commercial _		<u> </u>
. Automobile Physical Damage		
Private Passenger Commercial _		
Liability Other Than Auto		
. Burglary and Theft _		
. Glass _		
. Fidelity		
. Surety		
. Boiler and Machinery		
). Fire		
11 Inland Marina		_
i2. Homeowners		
13. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	10,352,294	-2.1%
Line of Insurance		
	erritories) or certain classes? If so, specify: _	
Brief description of filing. (If filing follows	rates of an advisory organization, specify of	
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers.	
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers.	organization): <u>Filing to adopt NCC</u>
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Ins	organization): Filing to adopt NCC
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Ins	organization): <u>Filing to adopt NCC</u>
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Institute National Morgan	organization): Filing to adopt NCC surance Corporation me of Company State Filings Analyst
Brief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Institute National Morgan	organization): Filing to adopt NCC
drief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Institute Bonnie Morgan	organization): Filing to adopt NCo surance Corporation me of Company State Filings Analyst Official - Title
rief description of filing. (If filing follows /1/2007 loss costs and rating values with	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Institute National Morgan	surance Corporation me of Company State Filings Analyst Official – Title
drief description of filing. (If filing follows /1/2007 loss costs and rating values with Adjusted to reflect all prior rate changes.	rates of an advisory organization, specify of revised company loss cost multipliers. nich will result from application of new rates. Liberty Institute Bonnie Morgan	organization): Filing to adopt NCC surance Corporation me of Company State Filings Analyst Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	2/1/2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	6,711,383	-2.1%
Does filing only apply to certain territory	(territories) or certain classes? If so, speci	fy:
	s rates of an advisory organization, spe h revised company loss cost multipliers.	cify organization): <u>Filing to adopt NCC</u>
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	:. hich will result from application of new rate	es.
	Libartu	Mutual Insurance Company
	Liberty	Name of Company
	Bonnie Morgan	State Filings Analyst
		Official - Title

DIVISION OF INSURANCE STATE OF ILL MOIS/IGERR

FEB 0 1 2007

SPRINGFIELD, ILLINOIS

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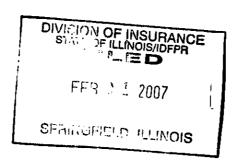
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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	2/1/2007
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
British British Commonwill		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	47,666,615	2.1%
Line of Insurance		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, spe	ecify:
Brief description of filing. (If filing follows ra 1/1/2007 loss costs and rating values with re-		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new	rates.
	Liberty I	Mutual Fire Insurance Company
		Name of Company
	Bonnie Morgan	State Filings Analyst
		Official - Title





DEC 1 9 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or ra	te level produced by rate revision effect	tive January 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
l.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
П.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	-	
15.	Other Workers Comp	1,930,000	+2.0%
	Line of Insurance		•
Filing Brief o	g pertains to all classes except for cla	restriction or certain classes? If so, spenses code 7370, for which the final rate restriction of an advisory organization, spenses of an advisory organization, spenses of an advisory organization, spenses of an advisory organization.	emain as \$4.22
	ot 1/1/07 NCCI loss costs for all class		
Chan	ge Expense Constant from \$260 to \$	280	BUILDING INC.
			DIVIGION OF INSU*
* A.	djusted to reflect all prior rate change	a c	FILELD
	hange in Company's premium level v		
	sult from application of new rates.		JAN 0 1 2 00'
			SPRINGFIELD, ILLIN'01S
		_Liñ	coln General Insurance Company
			Name of Company
			A attachial Counciltant
		<u></u>	Actuarial Consultant Official - Title
			LUUCIAL - LUIA

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	2/1/2007
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Debut Descended		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		<u> </u>
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	420.805	-2.1%
15. Other Workers Compensation	420,803	-2.178
Line of madrance		
Does filing only apply to certain territory (terr	ritories) or certain classes? If so specify	r
bocs ming only apply to contain territory (ton	monocy of contain diagons. If co, opening	
Brief description of filing. (If filing follows ra		
1/1/2007 loss costs and rating values with re	evised company loss cost multipliers.	
*6.4544		
*Adjusted to reflect all prior rate changes.	h will manufatham of many mate	_
**Change in Company's premium level which	n will result from application of new rate	S.
	LM II	nsurance Corporation
		Name of Company
	Bonnie Morgan	State Filings Analyst
	bolille worgan	Official - Title
		Omorphia (Inte



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DIVISION OF INSURANCE
SPRINGFIELD

Illinois

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IDFPR (NPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	·	
15. Workers Compensation	\$152,853	+0.2%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	
Brief description of filing (if filing follows rates of an a	dvisory organization, specify organiza	tion)
Adoption of NCCI's Advisory Loss Costs, Miscellaned	ous Values and Retrospective Rting Plan	Manual State Special Rating Values
-		

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

<u>Lumbermen's Underwritng Alliance</u> Name of Company

<u>Judy L. Smith – Lead Analyst</u> Official — Title

DIVISION OF INSURANCE STATE OF ILL NOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Form (RF-3)

-	(1) Coverage Automobile Liability Private Passenger	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
•	Automobile Liability		
•	Automobile Liability		
	•		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$1,477,483	-4.3%
	Other	<u></u>	
	Line of Insurance		
	s filing only apply to certain territory (t ses? If so, specify: No	erritories) or certain	
Brief	f description of filing. (If filing follows	rates of an advisory	
orga	inization, specify organization):	•	Madia Dan St
(I) A	Adopt 1/1/06 NCCI Loss Costs, miscellane	ous values, and Exhibit Hi Deductible II	nsurance-medical Benefit

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

FORM RF-3

hange i	n Company's premium or rate level produced by rate revision	on effective:	3/1/07
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
٠.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		·
٥.	Private Passenger		
	Commercial		······
3.	Liability Other han DIVISION OF INSURANCE Burglary and Theft STATE OF ILL OF THE OF TH		
4.	Burglary and Theft STATE OF INSURANCE		
5.	Burglary and Theft STATE OF ILLINOIS/IDEPR		
6.	Fidelity		
7.	Surety MAR 0 1 2007		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage SPRINGFIELD, ILLINOIS		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	15,671,109	0.0%
16.	Other:		
oes filii	ng only apply to certain territory (territories) or certain class	ses? If so, specify.	Not Applicable
<u>C1</u>	cription of filing (if filing follows rates of an advisory orga NA is filing to adopt the 1/1/07 NCCI rates for the state of I reular IL-2006-11, with an effective date of 3/1/07.		
In-	force Written Premium		
* Ch	ange in Company's premium level which will result from a	pplication of new rates.	
		National Fire Insurance	ce Company of Hartford
			Company
			Actuarial Analyst
		Official	al - Title

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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium revision effective January		by rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
ll. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	13,993	2.0%
Line of Insurance		
Does filing only apply to certain of the so, specify: All Workers Compe	territory (territories)o nsation Classes	r certain classes?
Brief description of filing. (If organization): Adoption of NCCI 01- IL-2006-09, IL-2006- Costs, and Rating Va	01-2007 (IL-2006-06, 08)Advisory Rates, Loss clues
	17	DIVISION
* Adjusted to reflect all prior ro ** Change in Company's premium lev- result from application of new	ate changes. el which will rates.	JAN 0 1 2007 PRINGFIELD, ILLINOIS
	Old Republic Insuran	ce company LLINOIS
	Name of Compa	any

Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

DEC - 5 2006

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by revision effective $\frac{1}{107}$. (2) (3) (1)Annual Premium Volume (Illinois)* Percent Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$60,417 0.0 % Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2006-11 Maintaining current multiplier DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. JAN 0 1 2002 OneBeacon America Insurance Name of Company SPRINGFIELD, ILLINOIS Sharm Sansone Sharon Sansone, Assistant Vice President Workers Compensation Official -Title H29219D

DEC - 6 2006

Illinois

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine	NCE	
12. Homeowners 13. Commercial Multi-Parit JAN 0 1 200	,	
14. Crop Hail 15. Workers Compensation 16. Other	LINOIS 1,525,66	+ 0.7 %
Line of Insurance		
Does filing only apply to certain territory (territories) o	r certain classes? If so, specify	No
Brief description of filing (if filing follows rates of an ac (Adopt 1/1/07 Advisory Rates)	dvisory organization, specify organ	ization) See Filing Memorandum;

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

Joe Binkowski - WC Product Line Manager Official — Title

SUMMARY SHEET

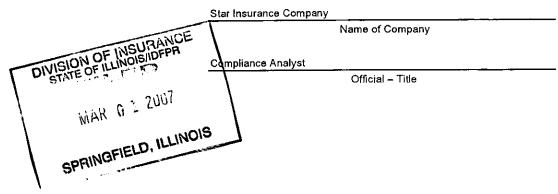
	Change in Company's premium or rate lev	vel produced by rate revision effective	March 1, 2007 New May 1, 2007 Renewal
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
•	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
4 . 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$580,184	+13.9%
	Line of Insurance		
No,	filing only apply to certain territory (territor the filing applies to all territories and description of filing. (If filing follows rate otion of January 1, 2007 NCCI loss of	es of an advisory organization, specify	organization):
		0	View
			STATE OF
** C	Adjusted to reflect all prior rate changes. Change in Company's premium level which esult from application of new rates.	SPR//	WISION OF INSURANCE MAR 0 1 2007 VGFIELD, ILLINOISANY Iame of Company

Tracy Yokimishyn - Actuarial Assistant
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium Volume (!!incic)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	<u>Volume (Illinois)*</u>	Change (+ or -)
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commerci	al	
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	*	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Work Comp	2237006	3.3
Line of Insurance		
Door filing only apply to certain territo	ry (territories) or certain classes? If so, specify:	Adoption of NCCI's 1-1-07 Advisory
Rates with deviations for eight class codes.	if (territories) or contain classes. It so, speenly.	
Rates with deviations for eight crass codes.		
Brief description of filing, (If filing follow	vs rates of an advisory organization, specify orga	anization): Adoption of NCCI's
advisory rates with deviations in eight class co-		- -
*Adjusted to reflect all prior rate chang	jes.	
**Change in Company's premium leve	el which will result from application of new rates.	
	01-1	
	Star Insurance Company	



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	inge in Company's premium or rate le	vel produced by rate revision effective	01/01/2007
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
١.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass	<u> </u>	
	Fidelity	· · · · · · · · · · · · · · · · · · ·	
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other WORKERS COMP.	\$3,440,6129	(-0.4%)
	Line of Insurance	<u> </u>	
3rie		territories) or certain classes? If so, specify rates of an advisory organization, specify or	
	justed to reflect all prior rate changes. nange in Company's premium level w	hich will result from application of new rates	S.
			Fire Insurance Co., Ltd. (US Branch) Name of Company
		Char	ri Nierzwicki, Analyst
		Sriei	Official – Title

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DIVISION OF INSURANCE
SPRINGFIELD

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

D. ILLINOIS

	ILLINOIS	SUMIMARY SHEET	
Chauss :	For Company's premium or rate level produced by rate (1)	ORM RF-3 DIVICION OF INCURANCE AND STATE OF ILLINOIS ADPPR	24/07
Change ii	n Company's premium or rate level produced by rate	revision effective:	3/1/07
	(1)	Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Percent OIS Change (+ or -) **
1.	Automobile Liability	SPriii	
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	- 11 i	
	Private Passenger		
	Commercial		
3.	Liability Other than Auto	 	
4.	Burglary and Theft		
5.	Glass		· · · · · · · · · · · · · · · · · · ·
5. 6.	Fidelity		
	Surety		
7. 8.	Boiler and Machinery	-	
	·	***************************************	
9.	Fire		
10.	Extended Coverage	A	
11.	Inland Marine		·
12.	Homeowners		
13 .	Commercial Multi-Peril		
14.	Crop Hail		
15 .	Workers Compensation	7,889,092	0.9%
16 .	Other:		
Does filir	ng only apply to certain territory (territories) or certai	n classes? If so, specify.	Not Applicable
<u>C1</u>	scription of filing (if filing follows rates of an advisor NA is filing to adopt the 1/1/07 NCCI rates for the starcular IL-2006-11, with an effective date of 3/1/07.		
	-force Written Premium nange in Company's premium level which will result	from application of new rates.	
		Transcontinental Ins	
		Name of C	ompany
		David Levy - Act	uarial Analyet
		Official -	
		Official -	THIC

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)** (-0.4%)
	(-0.4%)
\$414,953	(-0.4%)
will regult from application of new rate	
will result from application of new rate.	5 .
TRANS PACI	FIC INSURANCE COMPANY
	Name of Company
Sher	ri Nierzwicki, Analyst
	Official – Title
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	DEC 1 4 2006 DEC 1 4 2006 DIVISION OF INSURANCE SPRINGFIELD
	DIVISION OF INSURANC

Illinois

			DIVISION OF	NOIL
		ILLINOIS SUMMARY SE	DIVISION CITY STATE OF ILLE EET 6= 9 1 1	OIL/IDFPR
		FORM RF-3	MAR 01	2007
				- 1
Change in	n Company's premium or rate level pro	oduced by rate revision effective	O HINGFIELD,	ILLINOIS 3/1 07
	(1)		(2)	(3)
	• •	Ann	ual Premium	Percent
	Coverage	Volur	ne (Illinois) *	Change (+ or -) *
1.	Automobile Liability			
	Private Passenger			
	Commercial			*
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial	-		
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners		· - -	-
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	3	,507,415	2.2%
16.	Other:			

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI

Circular IL-2006-11, with an effective date of 3/1/07.

- * In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.

 Transportation Insurance Company Name of Company
Name of Company
David Levy - Actuarial Analyst
 Official - Title

ILLINOIS SUMMARY SHEET Form (RF-3)

Coverage Automobile Liability Private Passenger Commercial Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of In	Auto	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -)*
Automobile Liability Private Passenger Commercial Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of In	Auto		
Private Passenger Commercial Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	Auto		
Private Passenger Commercial Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	Auto		
Commercial Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	Auto		
Automobile Physical Private Passenger Commercial Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of In	Auto		
Private Passenger Commercial Liability Other Than a Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	Auto		
Commercial Liability Other Than a Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Liability Other Than a Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Indicate The Burgland Contract Contrac			
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	1		
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir			
Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	1		
Inland Marine Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	1		
Homeowners Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir	1		
Commercial Multi-Per Crop Hail Workers Compensatio Other Line of Ir Does filing only apply to	1		
Crop Hail Workers Compensatio Other Line of Ir Does filing only apply to	1		
Workers Compensatio Other Line of Ir Does filing only apply to	•		
Other Line of Ir Does filing only apply to	า	\$12,114,564	2.4%
Line of Ir Does filing only apply to	,	<u> </u>	
Does filing only apply to	surance		
	54,41,50		
	certain territory (terr	rritories) or certain	
classes? If so, specify:	No	•	
Brief description of filing.	(If filing follows rat	tes of an advisory	
organization, specify orga	nization):	·	
(1) Adopt 1/1/07 NCCI Loss	Costs, miscellaneou	us values, and Exhibit III Deductible I	Insurance-Medical Benefits
(2) Revise loss cost multipli	ers		
(3) Adopt 5% downward de	viation in 11 classes		
(4) Revise company placen	100001111111111000000		

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

FORM RF-3

hange in Company's premium or ra	e level produced by rate revision effective:	3/1/07
(1) Coveraș	(2) Annual Premium e Volume (Illinois) *	(3) Percent Change (+ or -) *
1 . Automobile Liability Private Passenger Commercial 2 . Automobile Physical Dar Private Passenger Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine	nage	
 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 	DIVISION OF INSURANCE STATE CELLIAN SEPTEMBER MAR 0 1 2:07	1.4%
oes filing only apply to certain ter-	SPRINGFIELD the classes of the specify.	Not Applicable
	Hows rates of an advisory organization, specify organization of NCCI rates for the state of Illinois, as approved in NCCI rates for the state of Illinois.	
In-force Written Premium Change in Company's premiur	level which will result from application of new rates.	
		rge Insurance Company ame of Company
		evy - Actuarial Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	1/1/2007		
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation 	9,380,553	0.0%		
Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: 1/1/2007 advisory rates with no company deviation. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Wausau Business Insurance Company				
	Bonnie Morgan	Name of Company State Filings Analyst Official – Title		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective _	1/1/2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent Change (+ or -)**
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	4,404,921	0.0%
Does filing only apply to certain territory (territory) (territory) (territory) (territory) advisory rates with -10% company (territory) advisory rates with -10% follows rates (territory) (territory	deviation.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new ra	ates.
	Wausau	General Insurance Company Name of Company
	Bonnie Morgan	State Filings Analyst Official – Title

DIVISION OF INSUFFINCE
STATE OF ILLING'S/IDFPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

J.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	1/1/2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	17,934,059	0.0%
Line of Insurance		
1/1/2007 advisory rates with +30% compar	erritories) or certain classes? If so, specify: _ny deviation. ates of an advisory organization, specify org	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ich will result from application of new rates.	
		writers Insurance Company
	Na	ame of Company
	Donnie Maren-	Ctata Filiana Anahust
	Bonnie Morgan	State Filings Analyst Official – Title
		Omorai - Huc

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	January 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	<u> </u>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	 	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	£4.402.042	0
15. Other Worker's Compensation Line of Insurance	\$4,493,913	
Does filing only apply to certain territory	y (territories) or certain classes? If so, specify	<u>N/A</u>
Brief description of filing. (If filing follow Costs	vs rates of an advisory organization, specify	organization): Adoption of NCCI Loss
*Adjusted to reflect all prior rate change **Change in Company's premium level	which will result from application of new rates XL Speci	alty Insurance Company
		Name of Company
	localyn Millar	-Harris, State Filings Analyst
		Official - Title

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SPRINGFIELD, ILLINOIS